

<i>SERFF Tracking Number:</i>	<i>CNAB-125319574</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Continental Casualty Company , ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026387</i>
<i>Company Tracking Number:</i>	<i>07-F3309</i>		
<i>TOI:</i>	<i>09.0 Inland Marine</i>	<i>Sub-TOI:</i>	<i>09.0005 Other Commercial Inland Marine</i>
<i>Product Name:</i>	<i>Inland Marine</i>		
<i>Project Name/Number:</i>	<i>Well Servicing Endorsement /07-F3309</i>		

Filing at a Glance

Companies: Continental Casualty Company , National Fire Insurance Company of Hartford, American Casualty Company of Reading PA, Transportation Insurance Company, Valley Forge Insurance Company, Continental Insurance Company

Product Name: Inland Marine	SERFF Tr Num: CNAB-125319574	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: AR-PC-07-026387
Sub-TOI: 09.0005 Other Commercial Inland Marine	Co Tr Num: 07-F3309	State Status: PENDING FEES
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: Roberta Cooper	Disposition Date: 10/11/2007
	Date Submitted: 10/10/2007	Disposition Status: Approved
Effective Date Requested (New): 11/01/2007		Effective Date (New): 11/01/2007
Effective Date Requested (Renewal): 11/01/2007		Effective Date (Renewal): 11/01/2007

General Information

Project Name: Well Servicing Endorsement	Status of Filing in Domicile: Pending
Project Number: 07-F3309	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 10/11/2007	
State Status Changed: 10/11/2007	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
We are filing the Well Servicing endorsement (G-300485-A) to provide coverage for the Servicing of Wells by maintenance and servicing companies.	

This endorsement will be added to a Contractor's Equipment Coverage Form to provide specific Additional and /or Coverage Extensions such as; Deliberate Well Firing, Fire Brigade harges and Extinguishing Expenses and/or Loss Adjustment Expenses.

SERFF Tracking Number:	CNAB-125319574	State:	Arkansas
First Filing Company:	Continental Casualty Company , ...	State Tracking Number:	AR-PC-07-026387
Company Tracking Number:	07-F3309		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	Inland Marine		
Project Name/Number:	Well Servicing Endorsement /07-F3309		

Company and Contact

Filing Contact Information

Roberta F. Cooper, State Filing Consultant	roberta.cooper@cna.com
333 S. Wabash	(312) 822-4292 [Phone]
Chicago, IL 60685	(312) 755-2394[FAX]

Filing Company Information

Continental Casualty Company	CoCode: 20443	State of Domicile: Illinois
333 South Wabash	Group Code: 218	Company Type: Property and Casualty
Chicago , IL 60604	Group Name: CNA Insurance Companies	State ID Number:
(312) 822-4292 ext. [Phone]	FEIN Number: 36-2114545	

National Fire Insurance Company of Hartford	CoCode: 20478	State of Domicile: Illinois
333 South Wabash	Group Code: 218	Company Type: Property and Casualty
37th Floor		
Chicago, IL 60604	Group Name: CNA Insurance Companies	State ID Number:
(312) 822-4292 ext. [Phone]	FEIN Number: 06-0464510	

American Casualty Company of Reading PA	CoCode: 20427	State of Domicile: Pennsylvania
333 South Wabash	Group Code: 218	Company Type: Property and Casualty
37th Floor		
Chicago, IL 60604	Group Name: CNA Insurance Companies	State ID Number:
(312) 822-4292 ext. [Phone]	FEIN Number: 23-0342560	

Transportation Insurance Company	CoCode: 20494	State of Domicile: Illinois
333 South Wabash	Group Code: 218	Company Type: Property and Casualty
37th Floor		
Chicago, IL 60604	Group Name: CNA Insurance	State ID Number:

SERFF Tracking Number: CNAB-125319574 State: Arkansas
First Filing Company: Continental Casualty Company , ... State Tracking Number: AR-PC-07-026387
Company Tracking Number: 07-F3309
TOI: 09.0 Inland Marine Sub-TOI: 09.0005 Other Commercial Inland Marine
Product Name: Inland Marine
Project Name/Number: Well Servicing Endorsement /07-F3309

Companies

(312) 822-4292 ext. [Phone]

FEIN Number: 36-1877247

Valley Forge Insurance Company
333 South Wabash

CoCode: 20508
Group Code: 218

State of Domicile: Pennsylvania
Company Type: Property and
Casualty

37th Floor
Chicago, IL 60604

Group Name: CNA Insurance
Companies

State ID Number:

(312) 822-4292 ext. [Phone]

FEIN Number: 23-1620527

Continental Insurance Company
333 South Wabash

CoCode: 35289
Group Code: 218

State of Domicile: Pennsylvania
Company Type: Property and
Casualty

37th Floor
Chicago, IL 60604

Group Name: CNA Insurance
Companies

State ID Number:

(312) 822-4292 ext. [Phone]

FEIN Number: 13-5010440

<i>SERFF Tracking Number:</i>	<i>CNAB-125319574</i>	<i>State:</i>	<i>Arkansas</i>
<i>First Filing Company:</i>	<i>Continental Casualty Company , ...</i>	<i>State Tracking Number:</i>	<i>AR-PC-07-026387</i>
<i>Company Tracking Number:</i>	<i>07-F3309</i>		
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<i>Product Name:</i>	<i>Inland Marine</i>		
<i>Project Name/Number:</i>	<i>Well Servicing Endorsement /07-F3309</i>		

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	We are sending a check in the amount of \$300.00 to cover the cost for a 6 company forms filing.
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Casualty Company of Reading PA	\$0.00	10/10/2007	
Continental Casualty Company	\$0.00	10/10/2007	
National Fire Insurance Company of Hartford	\$0.00	10/10/2007	
Transportation Insurance Company	\$0.00	10/10/2007	
Valley Forge Insurance Company	\$0.00	10/10/2007	
Continental Insurance Company	\$0.00	10/10/2007	

<i>SERFF Tracking Number:</i>	<i>CNAB-125319574</i>	<i>State:</i>	<i>Arkansas</i>
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	10/11/2007	10/11/2007

SERFF Tracking Number:	CNAB-125319574	State:	Arkansas
First Filing Company:	Continental Casualty Company , ...	State Tracking Number:	AR-PC-07-026387
Company Tracking Number:	07-F3309		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	Inland Marine		
Project Name/Number:	Well Servicing Endorsement /07-F3309		

Disposition

Disposition Date: 10/11/2007
Effective Date (New): 11/01/2007
Effective Date (Renewal): 11/01/2007
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

<i>SERFF Tracking Number:</i>	<i>CNAB-125319574</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Project Name/Number:</i>	<i>Well Servicing Endorsement /07-F3309</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Supporting Document	Forms Explanatory Memo	Approved	Yes
Form	Well Servicing Endorsement	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>CNAB-125319574</i>	<i>State:</i>	<i>Arkansas</i>
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<i>Company Tracking Number:</i>	<i>07-F3309</i>		
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<i>Product Name:</i>	<i>Inland Marine</i>		
<i>Project Name/Number:</i>	<i>Well Servicing Endorsement /07-F3309</i>		

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Well Servicing Endorsement	G-300485-A	09-2007	Endorsement/Amendment/Conditions		0.00	G-300485-A.pdf



THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

**WELL SERVICING ENDORSEMENT
ADDITIONAL COVERAGE(S) / COVERAGE EXTENSION(S)**

This endorsement modifies insurance provided under the following:

CONTRACTOR'S EQUIPMENT COVERAGE FORM

The following Additional Coverage(s) and/or Coverage Extension(s) below apply only when an "X" is indicated.

☐ **DELIBERATE WELL FIRING**

If a "well blows out" of control and is fired for safety reasons as determined by either the Owner, Contractor, Operator or any Governmental Authority, loss or damage to Covered Property arising out of any such occurrence as described in the foregoing is covered and we shall not subrogate against the Owner, Contractor, Operator or any Governmental Authorities.

"We" shall not pay more than \$_____ in any one occurrence for this Additional Coverage.

"Well blowout" means a sudden, accidental and uncontrolled discharge of drilling fluid and/or gas and/or water and/or air and/or oil from a well caused by an eruption from such well.

A "kick" as commonly referred to in the drilling of a well, sometimes resulting in the drill-stem becoming stuck, shall not be deemed a blowout, unless such "kick" is immediately followed by a blowout as defined above.

☐ **FIRE BRIGADE CHARGES AND EXTINGUISHING EXPENSES**

When the fire department is called to save or protect Covered Property from a Covered Cause of Loss, "we" will pay up to \$10,000 unless a different limit is shown in the Declarations for your liability for fire department service charges:

- (1) Assumed by contract or agreement prior to loss; or
- (2) Required by local ordinance.

No Deductible applies to this Coverage Extension.

☐ **LOSS ADJUSTMENT EXPENSES**

This Coverage Extension applies to the reasonable expenses incurred by the insured in preparing claim data when required by the Company, subject to the sublimit in the Declarations. This includes the cost of taking inventories, making appraisals and preparing other documentation to show the extent of loss. The Company will not pay for any expenses incurred, directed, or billed by or payable to attorneys, insurance adjusters or their associates or subsidiaries, or any costs as provided in COMMERCIAL INLAND MARINE CONDITIONS, **LOSS CONDITIONS** Section **B. Appraisal**.

All other terms and conditions remain unchanged.

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<i>Project Name/Number:</i>	<i>Well Servicing Endorsement /07-F3309</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number:	CNAB-125319574	State:	Arkansas
First Filing Company:	Continental Casualty Company , ...	State Tracking Number:	AR-PC-07-026387
Company Tracking Number:	07-F3309		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	Inland Marine		
Project Name/Number:	Well Servicing Endorsement /07-F3309		

Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document-Property & Casualty	Review Status:	Approved	10/11/2007
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Comments:

Attachments:

07-F3309 NAIC Transmittal.pdf
07-F3309 NAIC Forms Schedule for.pdf

Satisfied -Name:	Forms Explanatory Memo	Review Status:	Approved	10/11/2007
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Comments:

Attachment:

07-F3309 Well Servicing Endorsement Filing Memo.pdf

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
	g. SERFF Filing #:	
h. Subject Codes		

3. Group Name	Group NAIC #
CNA Insurance Companies	218

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Continental Casualty Company	IL	20443	36-2114545	
National Insurance Company of Hartford	CT	20478	06-0464510	
American Casualty Company of Reading PA	PA	20427	23-0342560	
Transportation Insurance Company	IL	20494	36-1877247	
Valley Forge Insurance Company	PA	20508	23-1620527	
The Continental Insurance Company	PA	35289	13-5010440	

5. Company Tracking Number	07-F3309
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Roberta F. Cooper 333 South Wabash -37 th Fl Chicago, IL 60604	State Filing Analyst	312-822-4292	312-755-2394	roberta.cooper@cna.com
7. Signature of authorized filer		<i>Roberta F. Cooper</i>		
8. Please print name of authorized filer		Roberta F. Cooper		

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	09.0 Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	09.0000 Inland Marine Sub-TOI Combinations
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	
12. Company Program Title (Marketing title)	Commercial Inland Marine
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: upon approval Renewal: upon approval
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	10-10-07
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20.	This filing transmittal is part of Company Tracking #	07-F3309
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21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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We are filing the Well Servicing Endorsement (G-300485-A) to provide coverage for the Servicing of Wells by Maintenance and servicing companies.

This endorsement will be added to a Contractor Equipment Coverage Form to provide specific Additional and /or Coverage Extensions such as: Deliberate Well Firing, Fire Brigade Charges and Extinguishing Expenses and/or Loss Adjustment Expenses.

We respectfully request an effective date as soon as state statutes allow.

22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
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Check #:

Amount:

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

Effective March 1, 2007

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**

FORM FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #		07-F3309		
2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)				
3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Well Servicing Endorsement	G-300485-A (09/07)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		

FORMS FILING MEMORANDUM
ID# 07-F3309

Continental Casualty Company	218-20443
National Fire Insurance Company of Hartford	218-20478
American Casualty Company of Reading, PA	218-20427
Transportation Insurance Company	218-20494
Valley Forge Insurance Company	218-20508
Continental Insurance Company	218-35289

We are filing the Well Servicing Endorsement (G-300485-A) to provide coverage for the Servicing of Wells by maintenance and servicing companies.

This endorsement will be added to a Contractor's Equipment Coverage Form to provide specific Additional and/or Coverage Extensions such as; Deliberate Well Firing, Fire Brigade Charges and Extinguishing Expenses and/or Loss Adjustment Expenses.

We propose an effective date of October 1, 2007 or earliest permitted by your state statutes.